

smiths

Smiths Detection

## Field Radiation Survey Sheet

SECTION	PART I - GENERAL PROCEDURE INFORMATION			
<b>A</b> "PRE-TEST INFORMATION"	NAME AND ADDRESS OF FACILITY OR AIRPORT AND SPECIFIC LOCATION OF X-RAY SYSTEM			
	NAME OF FACILITY <b>SAN FRANCISCO INT'L AIRPORT</b>			
	Is this Facility Operated Exclusively by the Federal Government? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	ADDRESS (Street No., Rural Rt., or Airline and Airport)			
	CITY <b>SAN FRANCISCO</b> STATE <b>CA</b> ZIP CODE <b>94126</b>			
	ROOM NO. or OTHER LOCATION <b>TERMINAL 3 LEVEL 2A-75</b>		CONTACT PERSON <b>[REDACTED]</b>	
	PHONE NO. <b>[REDACTED]</b>		FAX NO. <b>[REDACTED]</b>	
	MANUFACTURER <b>SMITHS HELMANN</b>		MODEL NO. <b>H56040A14</b>	
	DATE OF MFR. <b>AUG - 2008</b>		SERIAL NO. <b>79333</b>	
	MFR. CERTIFICATION LABEL ATTACHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<b>B</b> "CABINET X-RAY CLASSIFICATION"	CLASSIFICATION OF CABINET X-RAY SYSTEM			
	<input checked="" type="checkbox"/> Baggage Inspection <input type="checkbox"/> Special Purpose <input type="checkbox"/> General Purpose <input type="checkbox"/> Other         Describe Other:			
<b>C</b> "POSTINGS & INSTRUCTIONS"	POSTING & INSTRUCTION VERIFICATION (Not Applicable for Facilities Operated Exclusively by the Federal Government)			
	<input type="checkbox"/> State "Notice to Employees" Document Posted <input type="checkbox"/> Operators Instruction Manual on Location <input type="checkbox"/> N/A <input type="checkbox"/> Certificate of X-ray Machine Registration on Location <input type="checkbox"/> Cabinet X-Ray Machine Maintenance Schedule Available			
<b>D</b> "WARNING LIGHTS & INDICATORS"	WARNING LIGHTS & INDICATOR VERIFICATION			
	Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized"			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Warning Labels Present at Ports Stating "Caution: Do Not Insert Any Part of the Body When System is Energized, X-Ray Hazard"			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Two Indicators Labeled "X-Ray ON" Present at Controls			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	At Least One Indicator, Marked "X-Ray ON", is Visible from Each Port, Door, and Access Panel			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>E</b> "INTERLOCKS"	INTERLOCK VERIFICATION TEST			
	The Key for the Key Actuated Control Cannot be removed in Any Mode that Allows X-Ray Generation			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	All Doors and Access Panels that were Tested Prevent Generation of X-Rays			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	The Use of the ON Control is Necessary to Resume Operation of X-Rays Following Interruption of X-Ray Generation			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<b>F</b> "PORTS AND APERTURES"	ACCESS TO PORTS AND APERTURES			
	Some Part of the Body Can Be Inserted Through A "Port" into the Primary Beam			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	Some Part of the Body Can Be Inserted Through An "Aperture"			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
<b>G</b> "BAGGAGE INSPECTION UNITS"	BAGGAGE INSPECTION UNIT CHECKS ONLY			
	Means Provided to Ensure Operator Presence at the Control Area which Permits Surveillance of All Ports and Doors During X-Ray Generation			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Means Provided to the Operator for Terminating Exposures of Greater Than One-Half Second and Preventing Additional Exposures of Less Than One-Half Second			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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## Field Radiation Survey Sheet

SECTION	PART II - SPECIFIC PROCEDURE INFORMATION					
H "LEAKAGE RADIATION"	LEAKAGE RADIATION - SPECIFIC TEST PROCEDURE # 01					
	Scattering Body Description				<input type="checkbox"/> Lucite <input checked="" type="checkbox"/> Paper <input type="checkbox"/> Other Describe Other: _____	
	X-Ray Machine Settings		kV	160	Background	
			mA	0.704		
	Radiation Survey Instrument Used		Make/Model Number	INOVISION	uR/hr	
			Serial Number	486		
			Calibration Date Due	11/10		
	Survey Location Description	Survey Point	External Surface Exposure Rates (uR/hr)	Internal Exposure (mR) "Optional"	Comments	
		1	6	uR/hr	mR	
		2	2	uR/hr	mR	
		3	5	uR/hr	mR	
		4	2	uR/hr	mR	
		5	19	uR/hr	mR	
		6	9	uR/hr	mR	
		7	3	uR/hr	mR	
	8	2	uR/hr	mR		
	9	6	uR/hr	mR		
	10	4	uR/hr	mR		
	11		uR/hr	mR		
	12		uR/hr	mR		
	13		uR/hr	mR		
	14		uR/hr	mR		
	Highest External Surface Exposure Rate Reading		uR/hr	Location Description		
	All External Surface Exposure Rate Readings Are Less Than 500 uR/hr (0.5 mR/hr) IAW 21 CFR 1020.40				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
I "ADDITIONAL INFORMATION"	ADDITIONAL INFORMATION					
	Overall Condition of Cabinet X-Ray Unit		<input checked="" type="checkbox"/> SAT	<input type="checkbox"/> UNSAT *	* Describe UNSAT Condition	
	Condition of Lead Curtains		<input checked="" type="checkbox"/> SAT	<input type="checkbox"/> UNSAT *	* Describe UNSAT Condition	
	Other Comments, Recommendations, Corrections, or Problems Encountered					
	SURVEYOR'S NAME (Print: Last, First, Middle Init.)					
	SURVEYOR'S SIGNATURE					
	DATE OF SURVEY AND INSPECTION					1/16/09